

INCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	26APR21-39KH-00230-14XMA	210230100230 REVISION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

SECTION I. ADMINISTRATIVE

Incident Subject : DRIVING WITHOUT A VALID DRIVERS LICENSE / DRIVING WITHOUT HAWAII NO FAULT INSURANCE

Date Received 26-APR-2021	Time Received 1224	Incident Received By Radio	Start Date / Time of Incident 26-APR-2021 1224	End Date / Time of Incident 26-APR-2021 1224
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Weather : Clear **Lighting :** Daylight

SECTION II. COMPLAINANT(S)

SECTION III. OFFENSE(S)

OFFENSE

Offense : State - Traffic Offenses	Statutory Basis : State	On Base : YES	Offense Status : COMPLETED
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Location : BLDG 6919 KANEOHE BAY, Hawaii **Location Type :** Parking Lot/Garage, Motor Pool

Bias Motivation : No Bias

Offender Used : **Type Weapon / Force Used :**

Type of Criminal Activity :

VEHICLE(S) USED IN COMMISSION OF OFFENSE

Vehicle	Vehicle Status Suspect	Year 1968	Make FORD	Model GALAXY	Body Style Coupe	Color Black
License Plate Hawaii / (b)(6), (b)(7)(c)		Vehicle Identification Number (VIN) (b)(6), (b)(7)(c)			Owner Name (b)(6), (b)(7)(c)	
Other Identifying Marks						

Vehicle	Vehicle Status Suspect	Year 2016	Make FORD	Model FOCUS	Body Style Sedan (2DR/4DR)	Color Gray
License Plate Hawaii / (b)(6), (b)(7)(c)		Vehicle Identification Number (VIN) (b)(6), (b)(7)(c)			Owner Name (b)(6), (b)(7)(c)	
Other Identifying Marks						

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Other Identifying Marks						

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License Plate		Vehicle Identification Number (VIN)			Owner Name	

Hawaii / (b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)			
<u>Other Identifying Marks</u>					
SECTION IV. PROPERTY					
SECTION IV. PROPERTY - NARCOTIC(S)					
SECTION IV. PROPERTY - VEHICLE(S)					
<u>Vehicle</u>	<u>Year</u> 1968	<u>Make</u> FORD	<u>Model</u> GALAXY	<u>Body Style</u> Coupe	<u>Color</u> Black
<u>License Plate</u> Hawaii / (b)(6), (b)(7)(c)	<u>Vehicle Identification Number (VIN)</u>			<u>Owner Name</u>	
<u>Other Identifying Marks</u>					
<u>Vehicle</u>	<u>Year</u> 2016	<u>Make</u> FORD	<u>Model</u> FOCUS	<u>Body Style</u> Sedan (2DR/4DR)	<u>Color</u> Gray
<u>License Plate</u> Hawaii / (b)(6), (b)(7)(c)	<u>Vehicle Identification Number (VIN)</u>			<u>Owner Name</u>	
<u>Other Identifying Marks</u>					
SECTION V. VICTIMS(S)					
SECTION VI. WITNESS/SPONSOR - WITNESS(S)					
WITNESS				DD2701 Issued :	
<u>Name</u> (b)(6), (b)(7)(c)		<u>ID Num</u> SSN / (b)(6), (b)(7)(c)		<u>Rank</u>	
<u>Branch of Service</u> (b)(6), (b)(7)(c)	<u>Personnel Type</u>	<u>Status</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	
<u>Address</u> (b)(6), (b)(7)(c)					
<u>Organization</u> (b)(6), (b)(7)(c)		<u>UIC / RUC</u>		<u>Work Telephone</u>	
SECTION VI. WITNESS/SPONSOR - SPONSOR(S)					
SECTION VII. SUSPECT(S) / ARRESTEE(S)					
SUSPECT					
<u>Name</u> (b)(6), (b)(7)(c)		<u>ID Num</u> SSN / (b)(6), (b)(7)(c)		<u>Rank</u>	
<u>Branch of Service</u> (b)(6), (b)(7)(c)	<u>Personnel Type</u>	<u>Status</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	
<u>Address</u> (b)(6), (b)(7)(c)					
<u>Organization</u> (b)(6), (b)(7)(c)		<u>UIC / RUC</u>		<u>Work Telephone</u>	
<u>Known Alias :</u>					
ADDITIONAL SUSPECT / ARRESTEE INFORMATION					
<u>Offense(s) Committed by This Suspect/Arrestee:</u> State - Traffic Offenses - Principal , State - Traffic Offenses - Principal					
SUSPECT / ARRESTEE DESCRIPTION					
<u>Sex</u> (b)(6), (b)(7)(c)	<u>Race</u>	<u>Ethnicity</u>	<u>Resident of Jurisdiction</u>		
<u>Hair Color</u> (b)(6), (b)(7)(c)	<u>Eye Color</u>	<u>Height (Inches)</u>	<u>Weight (lbs.)</u>	<u>Body Build</u>	<u>Dexterity</u> Right-Handed
<u>Hair Type(s):</u> Short		<u>Hair Style(s):</u> Recruit		<u>Facial Hair:</u> Clean	
<u>Complexion:</u> Acne				<u>Appearance:</u> (b)(6), (b)(7)(c)	
<u>Attire:</u> (b)(6), (b)(7)(c)		<u>Speech:</u> Quiet		<u>Demeanor:</u> Calm , Competent	
IDENTIFYING MARKS					
<u>Type</u>	<u>Location</u>	<u>Description</u>			
ARRESTEE INFO					
<u>Date Arrested :</u>			<u>Type of Arrest :</u>		

Multiple Clearance :		Disposition of Juvenile :	
Suspect Was Armed With :			
SECTION VIII. ADDITIONAL POLICE OFFICERS			
POLICE OFFICER			
Name (b)(6), (b)(7)(c)		Rank (b)(6), (b)(7)(c)	
Branch of Service (b)(6), (b)(7)(c)	Personnel Type	Status	Organization
POLICE OFFICER			
Name (b)(6), (b)(7)(c)		Rank (b)(6), (b)(7)(c)	
Branch of Service (b)(6), (b)(7)(c)	Personnel Type	Status	Organization
SECTION IX. NARRATIVE			
<p>At 1224, 26APR21, Military Police (b)(6), (b)(7)(c), while performing his duties as a Military Police Watch Commander, witnessed a minor traffic collision in the parking lot adjacent to Building 6919, MCBH Kaneohe Bay, HI 96863.</p> <p>At 1225, 26APR21, (b)(6), (b)(7)(c) called accident investigators to the scene. Military Police (b)(6), (b)(7)(c) arrived on scene and made contact with Driver-1 (b)(6), (b)(7)(c) who provided a verbal statement essentially relating the following: I was backing out of my spot and I didn't see the car behind me, (b)(6), (b)(7)(c) further stated that he did not possess a driver's license or Hawaii no fault insurance. Military Police made contact with Driver-2 (b)(6), (b)(7)(c) who provided a verbal statement that corroborated Driver-1. Vehicle-1 received no damages and was towed to 47-450 Ahuimano Rd, Kaneohe, HI 96744. (b)(6), (b)(7)(c) was cited for unsafe backing, operating a vehicle without Hawaii no fault insurance, and operating a vehicle without a valid driver's license. Vehicle-2 received unknown damage to the front driver side rim, the owner had Vehicle-2 towed to Sigs Auto Collision Center by Almeida and Sons Towing out of his own preference.</p> <p>At 1412, 26APR21, (b)(6), (b)(7)(c) cleared the scene without further incident.</p> <p>Notifications:</p> <p>At 1235, 26APR21, (b)(6), (b)(7)(c) was notified.</p> <p>At 1240, 26APR21, (b)(6), (b)(7)(c) was notified.</p> <p>At 1245, 26APR21, (b)(6), (b)(7)(c) was notified.</p>			
ENCLOSURE(S)			
ENCL #	DESCRIPTION		
1	CLEOC Statistics Sheet		
2	Armed Forces Traffic Ticket		
3	Towing Receipt		
4	DD Form 2708		
SECTION X. REPORTING/APPROVING OFFICIALS			
Reporting Official (b)(6), (b)(7)(c)		Date 28-MAY-2021 APPROVED ON 27-APR-2021	
Approving Official (b)(6), (b)(7)(c) Accident Investigator		Date 28-MAY-2021 FINAL APPROVED ON 28-MAY-2021	
SECTION XI. ADMINISTRATIVE DISPOSITION			
Victim/Witness Notification		Incident Status	Date Cleared
0 Victims Notified	0 Witnesses Notified		
Referred To/Assumed By :			
Distribution :			



PROVOST MARSHAL OFFICE
MARINE CORPS BASE HAWAII
P.O. BOX 63062
KANEHOE BAY, HAWAII 96863-3062
CAMP SMITH, HAWAII 96818
CLEOC Statistics Sheet



PRIVACY ACT STATEMENT

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I have been advised to the authority, purpose, use, and voluntary disclosure of my Social Security Number as it pertains to the above information.

Initials (1)

Initials (2)

Initials (3)

Date _____

Initials (4)

Initials (5)

Initials (6)

Case Control Number 06230	Journal #	Date 20210426	Time Reported 1225	Type of Incident: no insurance / no PL valid
Original Complaint Minor TA			Location of MP contact w/ individual BLDn 6919 Kaneohe Bay MCBH	Location of Incident BLDn 6919
Name (Last, First Middle Name) (b)(6), (b)(7)(c)		SSN (b)(6), (b)(7)(c)	DOB (b)(6), (b)(7)(c)	POB (b)(6), (b)(7)(c)
Unit: (b)(6), (b)(7)(c)		Address: (b)(6), (b)(7)(c)		Clearance: (b)(6), (b)(7)(c)
Sex (b)(6), (b)(7)(c)	Race	Hair	Eyes	Height
Weight	Individual Type (Circle One) SUSP ARRESTEE VICT WITN SPON COMP			
Appearance, Demeanor, and Dress (Provide Drivers License Number and State if Applicable)				

Name (Last, First Middle Name) (b)(6), (b)(7)(c)		SSN (b)(6), (b)(7)(c)	DOB (b)(6), (b)(7)(c)	POB (b)(6), (b)(7)(c)
Unit (b)(6), (b)(7)(c)		Address (b)(6), (b)(7)(c)		Clearance (b)(6), (b)(7)(c)
Sex (b)(6), (b)(7)(c)	Race	Hair	Eyes	Height
Weight	Individual Type (Circle One) SUSP ARRESTEE VICT WITN SPON COMP			
Appearance, Demeanor, and Dress (Provide Driver's License Number and State if Applicable)				

Name (Last, First Middle Name)		SSN	DOB	POB	Rank/Branch
Unit		Address		Clearance	Work Phone
Sex	Race	Hair	Eyes	Height	Home Phone
Weight	Individual Type (Circle One) SUSP ARRESTEE VICT WITN SPON COMP				
Appearance, Demeanor, and Dress (Provide Driver's License Number and State if Applicable)					

Name (Last, First Middle Name)		SSN	DOB	POB	Rank/Branch
Unit		Address		Clearance	Work Phone
Sex	Race	Hair	Eyes	Height	Home Phone
Weight	Individual Type (Circle One) SUSP ARRESTEE VICT WITN SPON COMP				
Appearance, Demeanor, and Dress (Provide Driver's License Number and State if Applicable)					

210230100230

ENCLOSURE(1)

Name (Last, First Middle Name)				SSN		DOB		POB		Rank/Branch			
Unit				Address				Clearance		Work Phone		Home Phone	
Sex	Race	Hair	Eyes	Height	Weight	Individual Type (Circle One)							
SUSP ARRESTEE VICT WITN SPON COMP													
Appearance, Demeanor, and Dress (Provide Driver's License Number and State if Applicable)													

Name (Last, First Middle Name)				SSN		DOB		POB		Rank/Branch			
Unit				Address				Clearance		Work Phone		Home Phone	
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SUSP ARRESTEE VICT WITN SPON COMP													
Appearance, Demeanor, and Dress (Provide Driver's License Number and State if Applicable)													

Related Vehicle Information

Decal Color/Base	Year	Make	Model	Body Style	Color
	1968	FORD	GALAXY	COUPE	BLACK
License Plate/State	Expiration	Safety Exp.	VIN (Legible Please)	R/O Name	
(b)(6), (b)(7)(c)	08/20	06/21	(b)(6), (b)(7)(c)		
Insurance Company	Insurance Policy/Expiration Date		DoD Decal	DoD Expiration	
N/A	N/A		N/A	N/A	

Decal Color/Base	Year	Make	Model	Body Style	Color
	2016	FORD	FOCUS	4DSE	Gray
License Plate/State	Expiration	Safety Exp.	VIN (Legible Please)	R/O Name	
(b)(6), (b)(7)(c)	04/22	OCT/21	(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)	
Insurance Company	Insurance Policy/Expiration Date		DoD Decal	DoD Expiration	
USAA	(b)(6), (b)(7)(c)		N/A	N/A	

Additional information

Time of Day Incident Occurred		Safety Issues		VWOP Issued	
Afternoon		None <input checked="" type="checkbox"/> Yes (Explain) Aggressive toward MP		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date	
Alcohol Involved		Alcohol Involved (Continued)			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Who Subj DOB)		Type of ID Verified State ID Type of Alcohol			
Lighting (Circle)		Weather (Sunny, Cloudy, Rainy, Etc.)			
Dark (Lighted Dark (Not Lighted) Dawn Daylight, Dusk		Clear			
CID Notified		Were children present			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Assume/Decline		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Age/Sex			
Canvassing Interviews Conducted		Canvassed Addresses		Condition of Quarters (if applicable)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Clean <input checked="" type="checkbox"/> N/A Other	
Ask: "Is there anything else I can assist you with at this time?"					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time/Date (If Yes) What					

MPs Related:

(b)(6), (b)(7)(C)

NOTIFICATIONS:

(b)(6), (b)(7)(C)

Military Police Notes:

NO COURT

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial)																																																														
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.																																																																			
1. NAME (Last, First, Middle Initial) (b)(6), (b)(7)(c)																																																																			
2. RANK / GRADE (b)(6), (b)(7)(c)		3. DATE OF BIRTH (b)(6), (b)(7)(c)		4. SOCIAL SECURITY NO. (b)(6), (b)(7)(c)																																																															
5. ORGANIZATION OR ADDRESS (b)(6), (b)(7)(c)																																																																			
6. DRIVER LICENSE NUMBER N/A		7. ISSUING AUTHORITY (State or Military) (b)(6), (b)(7)(c)																																																																	
8. MAKE OR TYPE OF VEHICLE FORD GALAXY		9. STATE LICENSE OR REGIS NO. (b)(6), (b)(7)(c)		10. INSTL TAG NO.																																																															
11. DATE (Day-month-year) 12-48-21		12. TIME 12-05		13. LOCATION R206-1																																																															
<table border="1"> <tr> <td rowspan="6">VIOLATION</td> <td>14. <input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)</td> <td><input checked="" type="checkbox"/> 5 - 10 MPH</td> <td><input checked="" type="checkbox"/> 11 - 15 MPH</td> <td><input checked="" type="checkbox"/> OVER 15 MPH</td> <td rowspan="6">K (b)(6), (b)(7)(c)</td> </tr> <tr> <td>IMPROPER LEFT TURN →</td> <td>NO SIGNAL</td> <td>CUT CORNER</td> <td>FROM WRONG LANE</td> </tr> <tr> <td>IMPROPER RIGHT TURN →</td> <td>NO SIGNAL</td> <td>INTO WRONG LANE</td> <td>FROM WRONG LANE</td> </tr> <tr> <td>DISOBEYED TFC SIGNAL (When light turned red) →</td> <td>PAST MIDDLE INTERSECTION</td> <td>MIDDLE OF INTERSECTION</td> <td>HAD NOT REACHED INTERSECTION</td> </tr> <tr> <td>DISOBEYED STOP SIGN →</td> <td>STOPPED WRONG PLACE</td> <td>FAILED TO STOP</td> <td>ROLLED / SPED THROUGH</td> </tr> <tr> <td>IMPROPER PASSING AND LANE USAGE →</td> <td>AT INTERSECTION</td> <td>CUT IN</td> <td>WRONG SIDE OF PAVEMENT</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> FOL TOO CLOSELY <input type="checkbox"/> FAILURE TO YIELD </td> <td colspan="2">OTHER VIOLATIONS (Describe)</td> </tr> </table>						VIOLATION	14. <input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)	<input checked="" type="checkbox"/> 5 - 10 MPH	<input checked="" type="checkbox"/> 11 - 15 MPH	<input checked="" type="checkbox"/> OVER 15 MPH	K (b)(6), (b)(7)(c)	IMPROPER LEFT TURN →	NO SIGNAL	CUT CORNER	FROM WRONG LANE	IMPROPER RIGHT TURN →	NO SIGNAL	INTO WRONG LANE	FROM WRONG LANE	DISOBEYED TFC SIGNAL (When light turned red) →	PAST MIDDLE INTERSECTION	MIDDLE OF INTERSECTION	HAD NOT REACHED INTERSECTION	DISOBEYED STOP SIGN →	STOPPED WRONG PLACE	FAILED TO STOP	ROLLED / SPED THROUGH	IMPROPER PASSING AND LANE USAGE →	AT INTERSECTION	CUT IN	WRONG SIDE OF PAVEMENT	<input type="checkbox"/> FOL TOO CLOSELY <input type="checkbox"/> FAILURE TO YIELD				OTHER VIOLATIONS (Describe)																															
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	JUST MISSED ACCT	DIVIDED	INTERSECTION	INTERSECTION																																																															
				HEAD ON																																																															
				RAN OFF ROAD																																																															
15. REMARKS 1) UNSAFE BACKING 2) DRIVING WITH NO INSURANCE 3) DRIVING WITHOUT VALID LICENSE																																																																			
16. NAME OF PERSON ISSUING TRAFFIC TICKET (b)(6), (b)(7)(c)																																																																			
17. ORGANIZATION AND INSTALLATION PMO/AID				18. RANK / GRADE (b)(6), (b)(7)(c)																																																															

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

1

210230100230

ENCLOSURE(2)

ALMEIDA & SONS

Auto & Towing

(808) 221-3792

Kahala, Hawaii

Pick Up:

TANDAS

KMCBH 3RDS

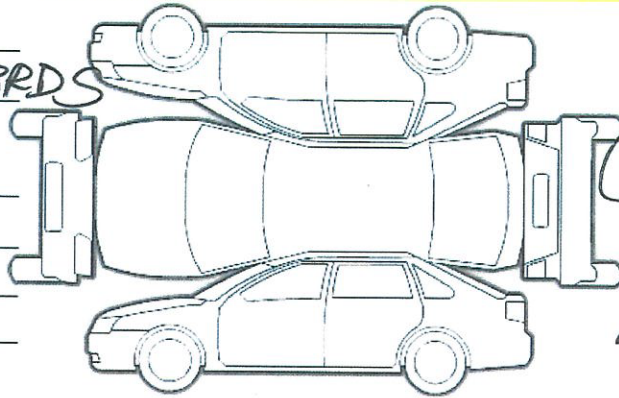
Notes:

LIABILITY WAIVER & RELEASE AGREEMENT

Drop Off:

ALMEIDA'S
TOWING

(STORAGE)



42-450
AWTMANU RD

VEHICLE IDENTIFICATION NUMBER:

(b)(6), (b)(7)(c)

P.O.#	ACCIDENT		-ADDITIONAL SERVICES-	
MILES TO SITE: <u>13.0</u>	LCN#	<u>(b)(6), (b)(7)(c)</u>	JUMPSTART	<u>85.00</u>
MILES LOADED: <u>13.0</u>	COLOR: <u>BLACK</u>		LOCKOUT	<u>2.00</u>
VEHICLE MILEAGE	DISPATCH FROM:		TIRE CHANGE	<u>LOADED 8:50 13.0</u>
YEAR: <u>1968</u>	PHONE#		WINCH-OUT	
MAKE: <u>FORD</u>	SERVICE DATE: <u>4/26/21</u>		FUEL	
MODEL: <u>GALAXIE</u>	CLEAN-UP	<u>STORAGE: (25.00 ?)</u>	DOLLIES	
SERV. TYPE: <u>LDWL</u>	EQUIPMENT USED:	<u>PER DAY</u>	GOA	

85.00

26.00

110.50

COVERED: YES / NO	MILES/AMOUNT COVERED:	MILES OVER:
OPERATOR <u>(b)(6), (b)(7)(c)</u>	<u>*5.00 SERVICE FEE FOR ALL CREDIT/DEBIT CARDS*</u>	OVERAGE FEE:

<u>(b)(6), (b)(7)(c)</u>	<u>(b)(6), (b)(7)(c)</u>	<u>4/26/21</u>
-OWNER/DRIVER/HANDLER OF VEHICLE (PRINT NAME)-	-SIGNATURE-	-DATE-

BY SIGNING THIS FORM, I HAVE BEEN ADVISED THAT MY VEHICLE MAY BE DAMAGED IF WINCHED, TOWED, UNLOCKED OR LEFT ON UNATTENDED PREMISES. I RECOGNIZE THE DIFFICULTY INVOLVED AND AGREE NOT TO HOLD THE TOWING COMPANY (ALMEIDA & SONS) OR ANY OF ITS EMPLOYEES RESPONSIBLE FOR SUCH DAMAGES SHOULD IT RESULT. I HAVE ALSO BEEN ADVISED THAT THE TOWING COMPANY IS NOT REQUIRED TO PLACE VEHICLE IN ANY DROP-OFF AREA THAT OPERATOR FEELS UNREASONABLE OR DIFFICULT. I ALSO AGREE TO PAY FOR ANY OVERAGE FEES IN FULL TO THE TOWING COMPANY BEFORE DELIVERY THAT IS NOT COVERED BY MY INSURANCE COMPANY. IF I AM RIDING WITH TOW TRUCK DRIVER, I UNDERSTAND THAT I AM RIDING AT MY OWN RISK, AND WILL NOT HOLD ANY CLAIMS TO THE COMPANY (ALMEIDA & SONS) OR THE OPERATOR OR ANY EMPLOYEE'S OF THE COMPANY IF ANY INJURY TO MYSELF OR OTHERS WITH ME SHOULD RESULT. ALMEIDA & SONS RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE. IF VEHICLE IS BEING TOWED TO THE STORAGE LOT THE TOWING COMPANY (ALMEIDA & SONS) IS NOT RESPONSIBLE FOR ANY DAMAGES OR THEFT SHOULD IT RESULT. I AGREE TO THE \$5.00 SERVICE CHARGE IF USING CREDIT OR DEBIT CARDS. IF I AM NOT THE REGISTERED OWNER BUT THE DRIVER OF THE VEHICLE I AGREE THAT ANY CLAIMS MADE BY THE OWNER TO ALMEIDA & SONS WILL BE THE SIGNED'S RESPONSIBILITY.

<u>210230100230</u>	<u>ENCLOSURE(3)</u>	
-VEHICLE RECEIVED BY (PRINT NAME)-	-SIGNATURE-	-DATE-

RECEIPT FOR PRE-TRIAL/POST-TRIAL PRISONER OR DETAINED PERSON

1. RECEIVED FROM

a. UNIT/AGENCY (Annotate the releasing Unit/Agency.)
PROVOST MARSHAL'S OFFICE

b. DATE (YYYYMMDD)

20210426

c. TIME

1235

d. PRISONER NAME (Last, First, Middle)

(b)(6), (b)(7)(c)

e. SOCIAL SECURITY
NUMBER (Last 4 only)

f. GRADE

(b)(6), (b)(7)(c)

g. BRANCH

USMC

h. INSTALLATION

MARINE CORPS BASE HAWAII

i. DUTY STATION

MCBH

2. TYPE OF CONFINEMENT (X all that apply)

☐ PRE-TRIAL

☐ POST-TRIAL

☒ UNDER CUSTODY

3. OFFENSES/CHARGES OR UCMJ ARTICLES VIOLATED (Annotate the Article Number(s) and the specific charge(s) associated with each one.)

DRIVING WITH NO INSURANCE AND NO DRIVER LICENSE

4. PURPOSE OF TRANSFER OR TEMPORARY RELEASE

RELEASE FROM PMO CUSTODY

5. STATUS OF PERSONAL PROPERTY (Annotate where the prisoner's personal property is located, i.e., unit supply room, personal storage facility, mailed to Home of Record, etc.)

RETAINED ON PERSON

6. REMARKS (Annotate noteworthy information/comments about the prisoner's health, behavior, etc., that will assist in the successful completion of the Temporary Release or Transfer.)

COOPERATIVE

7. RECEIPT FOR PERSON/PRISONER (Identification/verification required on the person receiving custody of this prisoner.)

a. NAME, GRADE, TITLE (Type or print)

(b)(6), (b)(7)(c)

b. SSN (Last 4 only)

(b)(6), (b)(7)(c)

c. GRADE

(b)(6), (b)(7)(c)

d. UNIT/AGENCY

(b)(6), (b)(7)(c)

e. SIGNATURE

(b)(6), (b)(7)(c)

f. DATE (YYYYMMDD)

20210426

DD FORM 2708, MAR 2013

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional X

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ENCLOSURE(4)